

AO 435 (Rev. 12/03)		Administrative Office of the United States Courts		FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT ORDER					
<i>Please Read Instructions above</i>					
1. NAME Deming E. Sherman, Esq.		2. PHONE NUMBER (401) 274-9200		3. DATE 4/4/2008	
4. MAILING ADDRESS Edwards Angell Palmer & Dodge LLP, 2800 Financial Plaza		5. CITY Providence		6. STATE RI	7. ZIP CODE 02903
8. CASE NUMBER 00-105L	9. JUDGE Ronald R. Lagueux	DATES OF PROCEEDINGS 10. FROM 4/4/2008 11.			
12. CASE NAME The Estate of Yaron Ungar, et al v. The Palestinian Authority		LOCATION OF PROCEEDINGS 13. USDC - R.I. 14.			
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input checked="" type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER					
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING				Defendants' Motion for Relief 4/4/2008	
17. ORDER from Default Judgment					
CATEGORY	ORIGINAL (Includes Free Copy for the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE /s/ Deming E. Sherman				PROCESSED BY	
19. DATE 4/4/2008				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00

(Previous editions of this form may still be used)

DISTRIBUTION:

COURT COPY

TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY

CERTIFICATION

I hereby certify that on the 4th day of April, 2008, a copy of the within Transcript Order was sent by electronic means (ECF) to the following counsel of record:

- **Raymond A. Marcaccio**
ram@om-rilaw.com
- **James R. Oswald**
joswald@apslaw.com
- **Karen Ann Pelczarski**
kap@blishcavlaw.com
- **David J. Strachman**
djs@mtlhlaw.com

and mailed to the following counsel of record:

Robert A. Alessi, Esq.
Mary McCann, Esq.
Cahill Gordon & Reindel LLP
Eighty Pine Street
New York, NY 10005-1702

/s/ Deming E. Sherman